

WELL #5

### State Well Report

#### Part I

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H62  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Perry  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 5-25-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Leaf River Cellulose</u>		Latitude: <u>31° 12' 30"</u> Longitude: <u>89° 02' 30"</u>	
Mailing Address: <u>P.O. Box 759</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Taylorville</u> <u>MS</u> <u>39168</u> City State Zip Code		<u>WE 1/4 NW 1/4 Sec 18</u> <u>Twp 3N</u> <u>Rng 10W</u> SW Direction 19 Nearest Town <u>1</u> Miles <u>N</u> of <u>New Augusta</u>	
Telephone No. <u>(601) 785-4721</u>			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Timber Preservation</u>			
Date well drilling started: <u>5-25-04</u>		Date well drilling completed: <u>5-25-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>25</u> feet above or below (circle one) land surface		Date measured: <u>5-25-04</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>240'</u>		Well depth: <u>240'</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>220</u> feet		Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>008</u> inches Setting depth: From <u>220</u> feet to <u>240</u> feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>			
Other (describe): _____			
Top of lay pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
<u>David West 0678</u>		<u>David West</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	



# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Pearcy  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 5-25-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H62  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Leat Hidas Cellulose</u>	Latitude: <u>31° 12' 30"</u> Longitude: <u>89° 02' 30"</u>
Mailing Address: <u>P.O. Box 759</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tadlarsville</u> <u>MS</u> <u>39168</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 3N</u> Twp <u>10N</u> Rng <u>10W</u>
Telephone No. <u>(601) 785-4721</u>	<u>SW</u> Distance Direction <u>19</u> Nearest Town <u>3N</u>
	<u>1</u> Miles <u>N</u> of <u>New Augusta</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): <u>No pump installed.</u>	Horse Power Rating of Motor: _____
Date Pump Installed: <u>well capped for presence use.</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David West 0-672  
Print Name of Pump Installer and License No. (if applicable)

David West  
Signature of Pump Installer